



Mandatory Liability Insurance Questionnaire

Alabama Department of Revenue

Motor Vehicle Division

INSURANCE VERIFICATION DATE: 12/05/2003

PIN #: ABCDE2

1-1234-456

DOE JOHN OR JANE

123 Any Street

ANYTOWN, AL 35678-1234



Vehicle Identification No.:

VIN1234567890

License Plate:

DOE1

Make:

CHEV

Model:

LUMINA

Year:

1993

INSTRUCTIONS:

1. Answer the question below regarding insurance coverage that you either had or did not have on the **VERIFICATION DATE** shown above. If you answer "YES", provide your insurance information as it appears on your Alabama Insurance Card. If you answer "NO", explain why the vehicle was not insured on the **VERIFICATION DATE**.

2. Return this form within 30 days of the **VERIFICATION DATE**. **Failure to return this form will result in the suspension of your vehicle registration.**

You have three options for responding:

- Best Option: Fill out the online form at <http://www.alamli.com>. You will need your license plate number and the PIN number located in the top right corner of this form in order to identify yourself and access the online form.
- Next Option: Fax the completed form to (877) 505-3276. The full page must be provided.
- Last Option: Mail the completed form using the enclosed postage-paid envelope. The full page must be provided. **Allow two weeks for processing. Please do NOT send anything other than this form.**

ALABAMA DEPARTMENT OF REVENUE MANDATORY LIABILITY INSURANCE ACT

The Mandatory Liability Insurance Act (Act No. 2000-554) requires the Department of Revenue to select random samples of license plate registrations to determine if the vehicle has liability insurance. The purpose of this sampling program is to verify compliance with the law.

We ask your cooperation to verify that your vehicle is in compliance with the law. While we recognize that most randomly selected vehicles are insured, this verification procedure is the most effective way to identify uninsured vehicles.

Please complete and sign the bottom portion of this form and respond as instructed above within 30 days of the verification date. Failure to respond will result in the suspension of your vehicle registration. The information you provide will be compared with insurance company records.

If you have any questions regarding this law, please call (334) 242-3000, send an email to: bphillips@revenue.state.al.us, or write to:

Alabama Department of Revenue, Motor Vehicle Division

P.O. Box 327650 -- Montgomery, AL 36132-7650

QUESTION: On the verification date shown above, did you have liability insurance for the indicated vehicle?

Yes, I had insurance on the specified date and here is the insurance information:									
Company Name:									
Company NAIC Number:					This 5-digit number is critical and can be found on your insurance card. Call your insurance agent if you are unsure of this important number.				
Company Address:									
Company City, State, Zip:									
Company Phone Number:									
Policy Number:									
Policy Effective Date:					Policy Expiration Date:				
No, I did not have insurance and here is the reason why:									
Sign:									



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